



# Florida Medicaid

Assistive Care Services Coverage Policy

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**Agency for Health Care Administration**

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## 1.0 Introduction

### 1.1 Description

Florida Medicaid assistive care services (ACS) provides an integrated set of services that enables recipients to accomplish tasks they would normally be able to do for themselves if they did not have a medical condition or disability.

#### 1.1.1 Florida Medicaid Policies

This policy is intended for use by providers that render ACS to Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid's General Policies (as defined in section 1.3) and any applicable service-specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Coverage policies are available on the Agency for Health Care Administration's (AHCA) Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

#### 1.1.2 Statewide Medicaid Managed Care Plans

Florida Medicaid managed care plans must comply with the service coverage requirements outlined in this policy, unless otherwise specified in the AHCA contract with the Florida Medicaid managed care plan. The provision of services to recipients enrolled in a Florida Medicaid managed care plan must not be subject to more stringent service coverage limits than specified in Florida Medicaid policies.

### 1.2 Legal Authority

Assistive care services are authorized by the following:

- Title XIX, section 1902 of the Social Security Act (SSA)
- Title 42, Code of Federal Regulations (CFR), Part 440.167
- Section 409.906, Florida Statutes (F.S.)
- Rule 59G-4.025, F.A.C.

### 1.3 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid definitions policy.

#### 1.3.1 Claim Reimbursement Policy

A policy document found in Rule Division 59G, F.A.C. that provides instructions on how to bill for services.

#### 1.3.2 Coverage and Limitations Handbook or Coverage Policy

A policy document found in Rule Division 59G, F.A.C. that contains coverage information about a Florida Medicaid service.

#### 1.3.3 General Policies

A collective term for Florida Medicaid policy documents found in Rule Chapter 59G-1, F.A.C. containing information that applies to all providers (unless otherwise specified) rendering services to recipients.

#### 1.3.4 Provider

The term used to describe any entity, facility, person, or group enrolled with AHCA to furnish services under the Florida Medicaid program in accordance with the provider agreement.

#### 1.3.5 Recipient

For the purpose of this coverage policy, the term used to describe an individual enrolled in Florida Medicaid (including managed care plan enrollees).

## 2.0 Eligible Recipient

### 2.1 General Criteria

An eligible recipient must be enrolled in the Florida Medicaid program on the date of service and meet the criteria provided in this policy.

Provider(s) must verify each recipient's eligibility each time a service is rendered.

### 2.2 Who Can Receive

Florida Medicaid recipients age 18 years or older requiring medically necessary ACS. Some services may be subject to additional coverage criteria as specified in section 4.0.

### 2.3 Coinsurance and Copayments

There is no coinsurance or copayment for this service in accordance with section 409.9081, F.S. For more information on copayment and coinsurance requirements and exemptions, please refer to Florida Medicaid's General Policies on copayment and coinsurance.

## 3.0 Eligible Provider

### 3.1 General Criteria

Providers must meet the qualifications specified in this policy in order to be reimbursed for Florida Medicaid ACS services.

### 3.2 Who Can Provide

Services must be rendered by one of the following:

- Assisted living facilities (ALF) licensed in accordance with Chapter 429, Part I, F.S.
- Adult family care homes (AFCH) licensed in accordance with Chapter 429, Part II, F.S.
- Residential treatment facilities (RTF) licensed in accordance with Chapter 394.875, F.S.

## 4.0 Coverage Information

### 4.1 General Criteria

Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary
- Do not duplicate another service
- Meet the criteria as specified in this policy

### 4.2 Specific Criteria

Florida Medicaid covers 365/366 days of continuous assistive care services per year, per recipient, in order to provide assistance with ADLs, IADLs, and self-administration of medication when the recipient meets the following criteria:

- Has a medical condition or disability that substantially limits his or her ability to perform ADLs or IADLs
- Has a health assessment that documents the need for assistive care services

### 4.3 Early and Periodic Screening, Diagnosis, and Treatment

As required by federal law, Florida Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in section 1905(a) of the SSA, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years exceeding the coverage described within this policy or the associated fee schedule may be approved, if medically necessary. For more information, please refer to Florida Medicaid's General Policies on authorization requirements.

## 5.0 Exclusion

### 5.1 General Non-Covered Criteria

Services related to this policy are not covered when any of the following apply:

- The service does not meet the medical necessity criteria listed in section 1.0
- The recipient does not meet the eligibility requirements listed in section 2.0
- The service unnecessarily duplicates another provider's service

### 5.2 Specific Non-Covered Criteria

Florida Medicaid does not cover the following as part of this service benefit:

- Assistive care services for recipients enrolled in the Long-term Care (LTC) program who are receiving ALF services
- Assistive care services for recipients who do not reside at an ALF, AFCH, or RTF
- Assistive care services for recipients ages 18 to 20 years who are receiving personal care services
- Assistive care services for recipients age 21 years or older who are receiving home health aide visits
- Assistive care services provided in any of the following locations:
  - Hospitals
  - Intermediate care facility for individuals with intellectual disabilities
  - Nursing facilities

## 6.0 Documentation

### 6.1 General Criteria

For information on general documentation requirements, please refer to Florida Medicaid's General Policies on recordkeeping and documentation.

### 6.2 Specific Criteria

Providers must maintain the following in the recipient's file:

- A plan of care as defined in Rule 59G-1.010, F.A.C.
- A health assessment completed in accordance with Rules 58A-14.0061, 58A-5.0181, or 65E-4.016, F.A.C., as applicable
- Written physician's order

## 7.0 Authorization

### 7.1 General Criteria

The authorization information described below is applicable to the fee-for-service delivery system. For more information on general authorization requirements, please refer to Florida Medicaid's General Policies on authorization requirements.

### 7.2 Specific Criteria

There are no specific authorization criteria for this service.

## 8.0 Reimbursement

### 8.1 General Criteria

The reimbursement information below is applicable to the fee-for-service delivery system.

### 8.2 Claim Type

Professional (837P/CMS-1500)

**8.3 Billing Code, Modifier, and Billing Unit**

Providers must report the most current and appropriate billing code(s), modifier(s), and billing unit(s) for the service rendered, as incorporated by reference in Rule 59G-4.002, F.A.C.

**8.4 Diagnosis Code**

Providers must report the most current and appropriate diagnosis code to the highest level of specificity that supports medical necessity, as appropriate for this service.

**8.5 Rate**

For a schedule of rates, incorporated by reference in Rule 59G-4.002, F.A.C., visit the AHCA Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.